Provider Customer Service Program (PCSP) of the Year

Extraordinary Performance… Extraordinary Results

2011

Contractor Name		Submission Date	
Program (RHHI, A/B MAC, DME MAC, Legacy Part A, Legacy Part B)		Contact Information	

General Instructions:

1. In order to be considered for the PCSP of the Year Award, contractors shall complete this template to submit their nomination.
2. Contractors can submit a nomination by contract type (RHHI, A/B MAC, DME MAC, Legacy Part A, Legacy Part B).
3. All applicable supporting documentation must be attached to the template at the time of submission.
4. The completed nomination template should not exceed 10 pages total. This limit does not apply to the nomination supporting documentation.
5. Contractors should nominate themselves by August 12, 2011.
6. Accomplishments cited in the nomination should be noteworthy, achieved anytime in the previous twelve months' period ending in July 2011, and show a trend covering several months. However, the activities leading to the accomplishments may have been implemented prior to 2011. Newly awarded MACs may cite accomplishments occurring in their legacy contracts as long as the service areas for the MAC and legacy contractors are similar and/or if the practices leading to the accomplishments are continuing under the MAC contract.
7. The submission can either be e-mailed or mailed.
   - o E-mail nominations and supporting documentation to the Provider Services Mailbox at Providerservices@cms.hhs.gov with the subject line: PCSP of the Year Nomination.
   - o Send hardcopy submissions to:
      > PCSP of the Year Nomination
      > CMS/CM/DCPC
      > 7500 Security Boulevard, Mailstop C4-13-07
      > Baltimore, MD 21244
8. Send questions and comments about the PCSP of the Year nomination process to the Provider Services Mailbox at Providerservices@cms.hhs.gov with the subject line: PCSP of the Year Nomination Process.
9. Recommendations for contractors' submissions:

   a. Focus on accomplishments/initiatives originated by the PCSP or where the PCSP had substantial involvement. Do not emphasize corporate programs accomplishments.
   b. Document accomplishments by using data showing effectiveness/improvement/proven results (Ex. increase or decrease - how much, where you where versus where you are now).
   c. Focus on results that can show substantial impact on the PCSP performance, the Medicare providers and other Medicare stakeholders i.e., what changed as a result of the effort? (use examples to illustrate effectiveness)
   d. Contractors that submit nominations for multiples contract types (RHHI, A/B MAC, DME MAC, Legacy Part A, Legacy Part B) will need to reflect differences between contracts when stating accomplishments.

Award Criteria #1 - PCSP Creative and Innovative Approaches

   a. Highlight innovative approaches the PCSP achieved within the past 12 months. Discuss any special challenges you encountered in meeting program objectives.

b. Discuss how these approaches demonstrate creativity and discuss how these exceed CMS Internet Only Manual (IOM) requirements and Medicare Administrator Contractors Statement of Work (SOW) standards.

Award Criteria #2 - Approaches That Show Proven Results

a. Highlight the PCSP approaches that resulted in significant quantifiable results in performing the PCSP work at the same time a cost-effective operation was maintained.

b. Elaborate on how the PCSP achieved significant results on the approaches highlighted above. PCSP proven results include, but are not limited to the following:

      i. §60.1 - POE - Listserv Membership
      ii. §60.2 - Telephone Inquiries (includes sections 60.2.1 through 60.2.5)
      iii. §60.2.6 - QCM Performance Standards (QCM)
      iv. §60.3.1 - QWCM Performance Standards (QWCM)
      v. §60.3.2- Written Inquiries Timeliness (includes sections 60.3.2.1 through 60.3.2.4)
      vi. Accuracy Rate as a result of Direct Monitoring
      vii. Medicare Contractor Provider Satisfaction Survey (MCPSS) Scores
      viii. Website Satisfaction Scores

c. Discuss any special challenges or circumstances that inhibited the ability to meet the performance standards listed in item (b) above within the past 12 months, and solutions that occurred as a result of your improvements. Describe how you met any challenges and overcame those obstacles to reach a consistent level of performance.

d. Please note the PCSP must be operating at or under PCSP funding levels to meet this criterion. If, during the past 12 months the PCSP faced special circumstances or challenges to maintain its operation at or under the PCSP funding levels, describe how you overcame these challenges to reach an acceptable level of performance.

Award Criteria #3 - Strategic Collaboration

a. Highlight specific PCSP accomplishments as a result of strategic collaboration.

b. Elaborate on how these accomplishments achieve a comprehensive, coordinated and integrated PCSP by working internally, with CMS, the provider community, and other Medicare contractors to improve all contractor PCSPs in a purposeful manner.

c. Describe specific outcomes from strategic collaboration both internally and with the key players listed in item (b) above. Elaborate on how the specific objectives and goals showed improvement of the PCSP operation. This includes but is not limited to outcomes as a result of ROCSTAR nominations, submission of articles for the Synergy Newsletter, active participation in CMS' workgroups, PCSP conference panels, contractors' taskforce teams, PCUG contractor sharing sections, satisfaction survey initiatives.

d. Discuss how specific outcomes demonstrate improvements and/or innovation in education and outreach activities and show increased provider satisfaction. This includes, but is not limited to, outcomes as a result of special initiatives in collaborating strategically with the POE advisory groups, external provider organizations, special initiatives to consult or survey the provider community, improved educational and outreach approaches for providers with unique characteristics, and the use of Medicare

data and technology to improve provider education and outreach activities.